

MAR 25 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County RayRegistration District No. 744File No. 7821Township RayPrimary Registration District No. 3035Registered No. 23City Richmond MoSt. Mo Ward

## 2. FULL NAME

(a) Residence, No. Mr Paul Martin St.          Ward.         

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF         6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 25, 18787. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 1 288. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.           
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer  
10. Date deceased last worked at this occupation (month and year)          11. Total time (years) spent in this occupation         12. BIRTHPLACE (CITY OR TOWN) Ray County Missouri  
(STATE OR COUNTRY)13. NAME Ben Martin14. BIRTHPLACE (CITY OR TOWN) Ray County Missouri  
(STATE OR COUNTRY)15. MAIDEN NAME Emily Rice16. BIRTHPLACE (CITY OR TOWN) Lickington Missouri  
(STATE OR COUNTRY)17. INFORMANT Mr Allen Martin  
(ADDRESS) Richmond Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stenny Stone DATE February 25, 193719. UNDERTAKER G. W. Marquis  
(ADDRESS) Richmond Missouri20. FILED 3-10-37 E. E. Ray  
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 23, 193722. I HEREBY CERTIFY, That I attended deceased from 1-10, 1937, to 2-23, 1937I last saw h. him alive on 2-27, 1937. Death is saidto have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Labor Pneumonia 2-5-37Other contributory causes of importance: 10<sup>0</sup>Miscellaneous ?Name of operation physy Date of         What test confirmed diagnosis?          Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury         , 19        Where did injury occur?         

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury         Nature of injury         24. Was disease or injury in any way related to occupation of deceased?         If so, specify         (Signed) Dr J Cook, M. D.(Address) Richmond Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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